

EXHIBIT A

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School COVID Testing Registration Form


Please complete the registration form prior to your COVID rapid test.

Por favor, complete el formulario de registro antes de su prueba rápida de COVID.

Dag ID:	<input type="text" value="PTI-ParkCityHigh"/>
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Please complete this form for the individual being tested prior to the date scheduled for the on-site visit. The healthcare information contained in this form is collected for public health purposes only and will not be shared without your consent.

Por favor, complete este formulario para la persona que está siendo examinada antes de la fecha programada para la visita en persona. La información de salud contenida en este formulario se recoge sólo con fines de salud pública y no será compartida sin su consentimiento.

First Name Primer nombre <small>* must provide value</small>	<input type="text"/>
Last Name Apellido <small>* must provide value</small>	<input type="text"/>
Date of Birth Fecha de nacimiento <small>* must provide value</small>	<input type="text"/>  M-D-Y
Student ID:	<input type="text"/>
Sex Sexo <small>* must provide value</small>	<div><div>Female (Mujer)</div><div>Male (Hombre)</div><div>Not Provided (No proporcionado)</div></div> <div>reset</div>

Ethnicity**Etnicidad**** must provide value*☐ **Hispanic or Latino (Hispano o latino)**☐ **NOT Hispanic or Latino(NO Hispano o Latino)**☐ **Unknown (Desconocido)**☐ **Not Reported (No Reportado)**[reset](#)**Race****Raza**** must provide value*☐ **Asian**☐ **Black or African American**☐ **Native Hawaiian or Other Pacific Islander**☐ **American Indian or Alaska Native**☐ **White**☐ **Other Race**☐ **Unknown / Not Reported**[reset](#)**Street Address****Dirección**** must provide value***City****Ciudad**** must provide value***State****Estado**** must provide value***Zip Code****Código postal**** must provide value***Phone number****Numero de teléfono**** must provide value*
[Include Area Code](#)

Please provide the email where you would like test results sent. The email provided will be used to send a secure email containing results from the test.

Por favor, proporcione el email donde quiere que se le envíen los resultados de la prueba. El email proporcionado será usado para enviar un email seguro con los resultados de la prueba.

* must provide value

Confirm Email Address:
Confirme la dirección de e-mail:

* must provide value

Healthcare questions (Preguntas sobre el cuidado de la salud)

The following information is collected for public health purposes only and will not be shared without your consent
La siguiente información se recopila únicamente con fines de salud pública y no será compartida sin su consentimiento

Is this the first time you have been tested for COVID-19?

¿Es esta la primera vez que se hace la prueba de COVID-19?

* must provide value

Yes (Si)

No

Unknown (Desconocido)

[reset](#)

Are you employed in healthcare?

¿Trabaja en el cuidado de la salud?

* must provide value

Yes (Si)

No

[reset](#)

Do you have any of the following symptoms?

¿Tiene alguno de los siguientes síntomas?

Fever or chills (Fiebre o escalofríos), cough (Tos), shortness of breath or difficulty breathing (Falta de aliento o dificultad para respirar), fatigue (Fatiga), muscle or body aches (Dolores musculares o corporales), headache (Dolor de cabeza), new loss of taste or smell (Nueva pérdida de gusto u olor), sore throat (Dolor de garganta), congestion or runny nose (Congestión o secreción nasal), nausea or vomiting (Náuseas o vómitos), diarrhea, diarrhea

* must provide value

Yes (Si)

No

Unknown (Desconocido)

[reset](#)

Were you hospitalized because of COVID-19?

¿Ha sido hospitalizado por COVID-19?

* must provide value

Yes (Si)

No

[reset](#)

Were you admitted to the ICU because of COVID-19?

¿Estuvo internado en una unidad de cuidados intensivos por COVID-19?

* must provide value

Yes (Si)

No

[reset](#)

Are you a resident in a congregate care setting?

(including nursing home, residential care for people with intellectual and developmental disabilities, psychiatric treatment facility, group home, board and care home, homeless resource center, foster care or other setting)

¿Es usted residente en un centro de cuidados colectivos?

(incluyendo un hogar de ancianos, atención residencial para personas con discapacidades intelectuales y de desarrollo, centro de tratamiento psiquiátrico, hogar grupal, hogar de hospedaje y cuidado, centro de recursos para personas sin hogar, cuidado adoptivo u otro ambiente)

* must provide value

Yes (Si)

No

[reset](#)

I consent to receive my COVID-19 test result through a secure email. If I do not consent, I can receive a paper result at the testing location.

Doy mi consentimiento para recibir el resultado de mi prueba de COVID-19 a través de un correo electrónico seguro. Si no doy mi consentimiento, puedo recibir el resultado en papel en el lugar de la prueba.

I Consent (Doy mi consentimiento)

I DO NOT Consent (NO doy
CONSENTO)

[reset](#)

Please read carefully:

Utah Code Annotated 53E-9-305(6) requires schools to notify parents of any biometric collections of student information. This information will only be collected after the school obtains written consent from the parent or from a student who has turned 18.

Biometric identifier to be collected: The rapid antigen test, which constitutes a human biological sample used for valid scientific testing or screening.

Purpose of collection: This program is an effort to support continued high school sports and extracurricular activities while maintaining efforts to interrupt the transmission of COVID-19 in the school environment.

How the biometric identifier will be used and stored: The actual sample will be destroyed as biohazard waste. Results of the testing will be entered into the state's Redcap system and accessible to school staff only for providing legitimate educational services.

Notice of Disclosure of Education Records

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) generally requires that schools notify parents before a disclosure of information from student education records. As a parent or student who has turned 18, you have a right to request a copy of your records that have been disclosed to the Utah Department of Health.

Records to be disclosed: Test results that have been entered into the Redcap system

Recipient: Utah Department of Health

Purpose: For the department to fulfill its surveillance requirements under Utah Administrative Rule R386-702 for communicable disease reporting

Consent

Parents, guardians, or eligible student (over 18 years old) have the right to revoke this consent and authorization at any time.

I have read the above and consent to have my student tested for COVID 19 and grant express authorization for the State Health Department to access my child's test results

* must provide value

[reset](#)